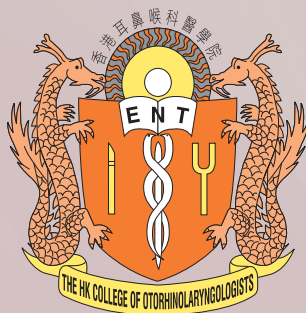


# 香港耳鼻喉科醫學院

THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS



## ANNUAL SCIENTIFIC MEETING

6<sup>th</sup> November 2021, Saturday

Pao Yue Kong Auditorium, Ground Floor  
Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Programme & Abstract  
Booklet

## PROGRAMME

12:00 – 17:15 ANNUAL SCIENTIFIC MEETING

12:00 REGISTRATION

12:30 POSTER PRESENTATION / VISIT EXHIBITION BOOTHS

14:00 TRAINEE RESEARCH PRESENTATION COMPETITION 2021

14:00 – TONGUE TIE RELEASE AND MYOFUNCTIONAL THERAPY TO TREAT  
14:15 OBSTRUCTIVE SLEEP APNEA*Dr Eric Yuk-kwan NG**ENT, Kowloon East Cluster, Hospital Authority*

A1

14:20 – A RETROSPECTIVE ANALYSIS ON SALVAGE INTRATYMPANIC  
14:35 STEROID INJECTION FOR SUDDEN SENSORINEURAL HEARING  
LOSS*Dr Antonia Genevieve CASTILHO**ENT, New Territories West Cluster, Hospital Authority*

A2

14:40 – HEARING LOSS AND DEMENTIA – A PROSPECTIVE  
14:55 CORRELATIONAL EPIDEMIOLOGICAL STUDY – BURDEN NOT  
TO BE UNDERESTIMATED*Dr Aurora Ka-yue TAM**ENT, New Territories East Cluster, Hospital Authority*

A3

15:00 – EVALUATION AND APPLICATION OF A NOVEL METHOD TO  
15:15 CONDUCT PULMONARY FUNCTION TESTS ON TRACHEOSTOMIZED  
PATIENTS IN HONG KONG*Dr Tsz-chun LAM**ENT, New Territories West Cluster, Hospital Authority*

A4

15:20 – RADIOFREQUENCY ABLATION COMPARED TO CONVENTIONAL  
15:35 SURGERY FOR THE TREATMENT OF BENIGN THYROID NODULES*Dr Alex Kam-fung LEE**ENT, Kowloon East Cluster, Hospital Authority*

A5

15:40 – CONCURRENT HYPERBARIC OXYGEN THERAPY (HBOT) AND  
15:55 INTRATYMPANIC STEROID INJECTION (ITS) VERSUS ITS ALONE AS  
SALVAGE THERAPY FOR SUDDEN SENSORINEURAL HEARING LOSS  
(SSNHL) – A RANDOMIZED CONTROLLED TRIAL (RCT)*Dr Yuk-fai LAU**ENT, Hong Kong East Cluster, Hospital Authority*

A6

16:00 BREAK / VISIT EXHIBITION BOOTHS

## PROGRAMME

### 16:30 GUEST LECTURE

**Topic** "A STORY OF ANGELS"

**Guest Speaker** **Dr Che-chung LUK**

*Cluster Chief Executive of Hong Kong East and  
Hospital Chief Executive of Pamela Youde Nethersole Eastern Hospital  
Wong Chuk Hang Hospital and St. John Hospital*

**Moderator** **Dr. Birgitta Yee-hang WONG**

*Honorary Secretary  
The Hong Kong College of Otorhinolaryngologists*

### 17:15 END OF PROGRAMME

**CME Accreditation: 5 points (Cat 2)**

## GUEST LECTURE



### A STORY OF ANGELS

**Dr Che-chung LUK, JP**

Dr LUK, commonly called CC, has been a health care executive in Hong Kong since 1990 with a full range of exposure and track record on management of complex and big health care systems, corporate governance, crisis management, quality and risk management, service planning and business development.

He spent the initial 10 years of his executive career in Hospital Authority Head Office taking charge of a wide range of planning and operations portfolio. He then begun since 1999 to be a Hospital Chief Executive managing various public hospitals at different times, the major ones including Kwong Wah Hospital, United Christian Hospital and Queen Mary Hospital. Since 2005, he was also the Cluster Chief Executive of Kowloon East Cluster and Hong Kong West Cluster. Dr LUK was appointed as the Cluster Chief Executive of Hong Kong East Cluster, and the Hospital Chief Executive of Pamela Youde Nethersole Eastern Hospital, Wong Chuk Hang Hospital and St. John Hospital in Oct 2018 till he retired from Hospital Authority in end Oct 2021.

Throughout the years, Dr LUK has been engaged in various community works including Medical Council, Community Chest and other community organizations. He has been directly engaged in Community Housing Movement and Modular Housing initiatives in recent years. He is currently a member of Executive Council of the Hong Kong Council of Social Service, a member of College Council of Tung Wah College, a member of the School Committee of Diocesan Boys' School and a voting member of the Hong Kong Jockey Club. He was appointed as Justice of the Peace by the Hong Kong SAR Government in 2019. He was awarded the Distinguished Alumni Award by the Faculty of Medicine of the Chinese University of Hong Kong in 2020.

## POSTER PRESENTATION

LOCATION	CORRESPONDING AUTHOR	TITLE OF PRESENTATION
P01	Dr Ka-kin CHAN	UNCOMMON PRESENTATIONS OF UNCOMMON MALIGNANT TUMOURS INVOLVING THE CEREBELLOPONTINE ANGLE: CASE SERIES AND REVIEW OF LITERATURE
P02	Dr Trevor Tsun-to CHAN	TEENAGER WITH AN UNTRIFLING FEVER AND NECK SWELLING – PECULIAR CASE OF ACUTE SUPPURATIVE THYROIDITIS AND LITERATURE REVIEW
P03	Dr Jeremy CHOW	UPPER CERVICAL SCHWANNOMA: A CASE REPORT
P04	Dr Isabella Jessica KO	USE OF VIRTUAL SURGICAL PLANNING IN A COMPLEX MID-FACE SURGERY
P05	Dr Katherine Wing-kay LAI	ONCOLOGICAL AND FUNCTIONAL OUTCOMES OF TRANSORAL ROBOTIC SURGERY AND ENDOSCOPIC LARYNGOPHARYNGEAL SURGERY FOR HYPOPHARYNGEAL CANCER: A SYSTEMIC REVIEW
P06	Dr Alan Tsz-lun LAU	CLINICAL OUTCOMES OF ENDOSCOPIC OSSICULOPLASTY UNDER LOCAL ANAESTHESIA WITHOUT SEDATION
P07	Dr Tsz-wai LEE	NOVEL SURGICAL TECHNIQUE FOR PARAPHARYNGEAL LIPOSARCOMA: CASE REPORT OF A RARE DISEASE AND LITERATURE REVIEW
P08	Dr Chun-to POON	A RARE CAUSE OF ACUTE BILATERAL SENSORINEURAL HEARING LOSS
P09	Dr King-lam TANG	A CASE STUDY: A RARE CASE OF SMARCA4 AND SMARCB1 DEFICIENT SINONASAL CARCINOMA

## TONGUE TIE RELEASE AND MYOFUNCTIONAL THERAPY TO TREAT OBSTRUCTIVE SLEEP APNEA

**Dr Eric Yuk-kwan NG**

*ENT, United Christian Hospital, Kowloon East Cluster, Hospital Authority*

### Introduction

Orofacial myofunctional therapy (OMT) was shown to significantly lower apnea hypnea index in both adults and children in recent years. It became an emerging treatment option for sleep-disordered breathing. OMT often helps but is sometimes limited by inadequate tongue mobility. This study aims to explore the safety and efficacy of OMT and tongue tie release for treating obstructive sleep apnea (OSA) in a cohort of patients with restricted tongue mobility.

### Method

Patients with OSA and tongue tie were recruited for a 6-weeks OMT training with tongue tie release done midway through. OMT training and tongue assessment was first performed face-to-face and subsequently follow-up with teleconsultations. Online feedback diary was logged by patients to check for compliance. Tongue tie release was performed under local anaesthesia for all patients. Patients underwent evaluation at study entry, before tongue tie release and by the end. Evaluations included Epworth Sleepiness Scale and polysomnography with objective measurement of tongue strength, endurance and mobility with the tongue range of motion ratio (TRMR).

### Results

9 patients were recruited in the study. They had a mean age of  $30.1 \pm 20.9$ , body mass index of  $26.5 \pm 5.8$ , respiratory disturbance index of  $18.8 \pm 15.3$  and Epworth Sleepiness Scale  $10 \pm 3.6$ . Both tongue strength and endurance significantly improved upon completion of the 3-week phase one OMT. TRMR showed significant improvement from 0.661 to 0.773 ( $p < 0.05$ ) immediately after tongue tie release.

### Conclusion

Tongue tie release and myofunctional therapy is safe and efficacious for improving tongue mobility and strength in selected patients. They are potentially useful adjunct treatment for obstructive sleep apnea.

## ABSTRACT

A2

**A RETROSPECTIVE ANALYSIS ON SALVAGE INTRATYMPANIC STEROID INJECTION FOR SUDDEN SENSORINEURAL HEARING LOSS****Dr Antonia CASTILHO***ENT, Tuen Mun Hospital, New Territories West Cluster, Hospital Authority*

Sudden sensorineural hearing loss (SSNHL) is commonly encountered in our practice. Systemic steroid therapy is the standard treatment, failing which salvage intratympanic steroid injection (ITS) is recommended.

We performed a retrospective study on 92 patients receiving salvage ITS for SSNHL, to analyse factors affecting hearing recovery. 37 patients received dexamethasone injection at 4mg/mL, and 53 received injections at 10mg/mL. Pure tone audiometry (PTA) was performed at presentation of SSNHL, after systemic steroid therapy, and 8 weeks after completion of ITS. Bone conduction averages were calculated, and recovery rates were classified according to Siegel's criteria.

20/92 (21.7%) patients had improvement in bone conduction thresholds after ITS, but the average improvement was only 7.2 dB (+/- 13.2). Those receiving 3mg/mL injections improved by 7.4 dB (+/-14.1), while those receiving 10mg/mL injections improved by 6.9 dB (+/-12.5), which were not significantly different ( $p=0.649$ ).

Multiple linear regression was used to explore covariate variables, including age at onset, sex, smoker status, comorbid conditions, severity of hearing loss at presentation and after systemic steroid therapy, and time from onset to first injection. The results suggested that poorer bone conduction thresholds after systemic steroids was a predictor of lesser improvement after salvage ITS ( $p=0.021$ ). No significant effect was found for other variables.

In conclusion, the rate of hearing improvement in this sample after salvage ITS was low, and the concentration of dexamethasone injected did not impact hearing outcomes significantly. Worse bone conduction thresholds after systemic steroid therapy appears to predict poorer hearing recovery.

## ABSTRACT

A3

**HEARING LOSS AND DEMENTIA– A PROSPECTIVE CORRELATIONAL EPIDEMIOLOGICAL STUDY – BURDEN TO BE ADDRESSED****Dr Aurora Ka-yue TAM***ENT, Prince of Wales Hospital, New Territories East Cluster, Hospital Authority***Aim**

To determine the prevalence of under-diagnosed neurocognitive degeneration and depression in older adults with hearing loss (HL) in Hong Kong.

**Method**

Patients age > 60 with subjective HL who attended NTEC ENT nurse clinic from May to October 2021 were included. Pure tone audiogram was performed to assess the severity of HL. Hong Kong Montreal Cognitive Assessment and Patient health questionnaire-9 were used to assess the severity of cognitive impairment and depression respectively. Hearing aid amplification was offered to patients with bilateral HL greater than 40dB. Psychogeriatric referral was given to patients with major cognitive impairment or major depression.

**Results**

199 older adults were included. 58.3% had bilateral HL greater than 40dB requiring amplification. Overall, 24.6% and 17.6% found to have mild and major neurocognitive disorder respectively. At least mild cognitive impairment was identified in 11% of normal hearing; 26% with mild- moderate HL; 50% with severe- profound HL i.e. a relative risk of 2.4 and 4.6 respectively. One-way ANOVA demonstrated patient with more severe HL had a lower HK-MoCA score [ $F(2,183)=4.1, p=0.018$ ]. 45.7% exhibited symptoms of mild depression. However, no significant correlation between the severity of HL and depression was identified.

**Conclusion**

The burden of cognitive decline in elderly patient with HL shall be addressed. Screening of dementia and depression is recommended as part of workup of HL.

## ABSTRACT

A4

**EVALUATION AND APPLICATION OF A NOVEL METHOD TO CONDUCT PULMONARY FUNCTION TESTS ON TRACHEOSTOMIZED PATIENTS IN HONG KONG****Dr Tsz-chun LAM***ENT, Tuen Mun Hospital, New Territories West Cluster, Hospital Authority***Aim**

To create a novel method (Method) of performing pulmonary function tests (Test) in laryngectomized or tracheostomized patients and to evaluate its reliability.

**Methods**

An air-sealed system is created by connecting a patient's cuffed tracheostomy tube to a spirometer using an external device. Tracheostomized or laryngectomized patients (Patient) were prospectively recruited for the Test at Tuen Mun Hospital from September 2019 to May 2021.

Each Patient had his predicted reference forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV1) values computed according to the Mary Ip reference. The Tests were performed on each Patient using the Method and the FVC and FEV1 were measured for analysis as below: The FVC ratio of each Patient was calculated by:  $\text{measured FVC} / \text{predicted FVC} \times 100\%$ . The FEV1 ratio of each Patient was calculated by:  $\text{measured FEV1} / \text{predicted FEV1} \times 100\%$ . Consistent discrepancies between the two sets of data indicates the Method's reliability.

**Results**

16 tracheostomized male Patients were recruited, 2 had total laryngectomy. The mean age was 68 years old and 100% were smokers. No complications occurred during the Tests performed using the Method.

The mean FVC ratio and mean FEV1 ratio of the Patients were 79.00% (+ / - 9.58 p value < 0.001) and 78.45% (+ / - 8.10 p value < 0.001) respectively.

**Conclusion**

The Method produced consistent FVC and FEV1 ratios amongst the Patients, which indicates it is safe, reliable, and could be widely adopted.

## RADIOFREQUENCY ABLATION COMPARED TO CONVENTIONAL SURGERY FOR THE TREATMENT OF BENIGN THYROID NODULES

**Dr Alex Kam-fung LEE**

*Department of ENT*

*Prince of Wales Hospital and Tseung Kwan O Hospital*

*New Territories East Cluster and Kowloon East Cluster*

*Hospital Authority*

### Introduction

Thyroid nodules are a common pathology in the adult population, with a significant portion being symptomatic. Traditionally, they are treated with hemithyroidectomy, which although effective, requires general anaesthesia and can cause complications, including recurrent laryngeal nerve injury and hypertrophic or keloid scarring.

Radiofrequency ablation (RFA) is a minimally invasive procedure performed under local anaesthesia that aims to address this group of patients whilst averting potential risks from surgery.

RFA has been conducted in the KEC and NTEC ENT units since August 2020 as an alternative treatment modality for benign thyroid nodules. We are the first unit in Hong Kong to review local population outcomes for RFA of thyroid nodules and to compare it with conventional hemithyroidectomy.

### Methods

33 patients who underwent RFA for symptomatic benign thyroid nodules in KEC and NTEC ENT from 2020-2021 were prospectively evaluated to determine the efficacy and safety the procedure. Outcomes recorded included volume rate reduction, complications, and patient symptom scores. We then compared them with an equal number historical cohort of hemithyroidectomy patients for selected outcomes, including procedure duration and cost.

### Results

Significant reduction in volume rate reduction was recorded in the RFA group. No major complications were recorded. Compared to hemithyroidectomy, the RFA group demonstrated significantly shorter procedure duration and cost.

### Conclusion

RFA is a safe and effective method for the treatment of benign thyroid nodules. While it cannot replace conventional hemithyroidectomy, it holds significant benefits which are appreciable by the patient, surgeon, and health provider.

## ABSTRACT

A6

**CONCURRENT HYPERBARIC OXYGEN THERAPY (HBOT) AND INTRATYMPANIC STEROID INJECTION (ITS) VERSUS ITS ALONE AS SALVAGE THERAPY FOR SUDDEN SENSORINEURAL HEARING LOSS (SSNHL) – A RANDOMIZED CONTROLLED TRIAL (RCT)****Dr Yuk-fai LAU***ENT, Pamela Youde Nethersole Eastern Hospital, Hong Kong East Cluster, Hospital Authority***Background**

Patients with SSNHL who had inadequate recovery after oral steroid therapy is treated with ITS as salvage therapy. While HBOT improves the efficacy of oral steroid as primary therapy, its role is uncertain in conjunction with ITS as salvage therapy.

**Aim**

To evaluate the treatment effect of concurrent HBOT and ITS vs ITS alone as salvage therapy in SSNHL.

**Study design:**

Prospective single centre unblinded RCT.

**Method**

Twenty-two patients with incomplete recovery (failed to return within 15dB of unaffected ear or previous documented ipsilateral threshold) after oral steroid therapy were assigned to intervention (ITS+HBOT) or control (ITS) group alternately at 1:1 ratio. Pure-tone audiometry (PTA) results were compared between the two groups before salvage treatment, one and three months after treatment.

**Results**

Nineteen patients completed 3 months follow-up. Three patients were excluded due to follow-up losses. Compare to their baseline PTA, both study and control groups demonstrated significantly improved PTA results 3 months post treatment. (19dB and 14dB respectively,  $p<0.05$ ). In patients with moderate to severe SNHL after primary treatment ( $<90$ dB), the average PTA is significantly lower in the study group compared to the control group, both at 1 month (47dB and 55dB respectively,  $p<0.05$ ) and 3 months post treatment. (47dB and 58dB respectively,  $p<0.05$ ).

**Conclusion**

In patients with SSNHL who failed oral steroid therapy, HBOT on top of ITS may improve hearing compared to ITS alone, especially in patients with moderate to severe SNHL after primary therapy.

# 香港耳鼻喉科醫學院

THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS

## **COLLEGE SECRETARIAT**

Room 806, Hong Kong Academy of Medicine Jockey Club Building

99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Tel: (852) 2871 8733 / 9636 2776 (Cindy Leung)

Fax: (852) 2904 5035 E-mail: [info@hkcorl.org.hk](mailto:info@hkcorl.org.hk)

Website: [www.hkcorl.org.hk](http://www.hkcorl.org.hk)